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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/710,348
	Filing Date	July 2, 2004
	First Named Inventor	Arthur Joseph dela Houssaye
	Title	Laser Guided Eye Measuring Device and ...
	Art Unit	3709
	Examiner Name	Talman, James R.
	Attorney Docket Number	S-1029

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	Arthur Joseph dela Houssaye	Date	11/6/07
Name	Arthur Joseph dela Houssaye	Telephone	985-953-0900
Title and Company	Owner / Secca Medical, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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